



CREDIT/DEBIT CARD AUTHORISATION FORM – *TREATMENT ONLY*

Full Name of Patient: _____ DOB _____

Full Name of Partner: _____ DOB _____

Address: _____

E-mail Address: _____ Phone No: _____

I authorise TasIVF to use the credit/debit card details provided below to debit any amount owing for the patient's IVF treatment, on the following terms:

1. TasIVF will debit the amount owing for the IVF treatment on the day of egg collection. In the event the patient or the doctor cancel the IVF treatment any time before Embryo Transfer, TasIVF will debit the credit card for the cost of the IVF treatment provided up to the date of cancellation.
 Charge Full Fee
 Charge Out of Pocket Only
2. TasIVF will post a Medicare Tax Invoice to the patient after the date of either completion or cancellation (as applicable) of the IVF treatment.
3. It is my responsibility to notify TasIVF of any changes to the credit card details below.
4. If I wish to dispute any amount debited to my credit card by TasIVF, I will give notice of this to TasIVF in writing or by telephone. TasIVF will investigate the matter and provide a written or oral response within 5 working days. If required, TasIVF will make appropriate adjustments or refer the matter to my financial institution. Additional fees charged by the financial institution will be covered by the party who is responsible for any error.
5. TasIVF will keep my credit/debit card details confidential and will not use them for purposes other than to debit the amount owing on the patient's IVF treatment. Please note that by law TasIVF must retain your credit card details for not less than seven years from the date of the last debit as verification of the authority to debit.
6. Please select below:
 This treatment only
 All treatments until this date --/--/----
 All treatments until further notice

Credit Card Details:

Name on Card: _____

Card Type: VISA MasterCard (Please circle) Card Expiry: ____/____

Card No: _____

Security No: _____ (Found on reverse side of card, last 3 digits of the number in signature panel)

Cardholder's Signature: _____ Date: _____